



Local 1000, AFSME, AFL-CIO

Grievance Form

Name: Victoria Malone

Date of Hire: 08-2009

10-Digit CSEA ID # _____

Home Address: _____

Home Phone #: _____

Department or Agency: Clarkstown Highway Dept.

Job Title: ME011

Name of Supervisor: Rob Klein

Step 1

Contract Article violated or involved: Article XIII(b), XXVIII(10)

Date of Occurrence: March 13, 2018

STATEMENT OF FACTS (Include names, dates, what happened): On 3/31/18, I was selectively removed from my crew to work, in my title (ME011), with another crew and an employee

(ME011) from another department was put into my crew (Tree) for the day. The tree crew work for a total of sixteen (16) hours that day, six (6) of which they received double time pay and four (4) hours of comp. time. This violates Article XIII(b) as I am certified in the operation of the tree truck which was vital to the emergency overtime performed on that day. The decision to remove me from the tree crew that day was made on an inequitable basis. Another member of the Tree Crew had requested to be removed from the crew and in turn I was removed. This violates Article XXVIII(10) as the employer

shall not discriminate against an employee by reason of sex, nationality, race, creed or Political Persuasion

To be made whole and be compensated for the overtime and comp. time I would have received if I had not been removed from the tree crew at the rate of pay for the hours worked.

Date Submitted: 4-5-18

Grievant's Signature: _____

1ST STEP DECISION

Date: 4/5/18

Supervisor's Signature: [Signature]

Rejected: _____

Sustained: _____

DECISION (use additional sheets if necessary): not responsible for assigning personnel

Date Decision Received by Grievant: 4-5-18

Grievant's Signature: [Signature]

The above decision is satisfactory, _____

I wish to appeal the above decision. (YES or NO) YES

STEP 2

DETERMINATION ATTACHED

Date Decision Issued: _____ Reviewers Signature: _____

The above decision is Satisfactory, _____

I wish to appeal the above decision. (YES or NO) _____

Date: _____ Grievant's Signature: _____

STEP 3

DETERMINATION ATTACHED

Date Decision Issued: _____ Reviewers Signature: _____

The above decision is Satisfactory, _____

I wish to appeal the above decision. (YES or NO) _____

Date: _____ Grievant's Signature: _____

COPIES TO:

1. Original to Employer
2. Employee
3. Unit President
4. Local President
5. Labor Relations Specialist



TOWN OF CLARKSTOWN

HIGHWAY DEPARTMENT

FRANK M. DiZENZO, SR.
Superintendent of Highways

April 12, 2018

Victoria Malone
[REDACTED]

Nanuet, NY 10954

Ms. Malone,

I have reviewed your grievance dated 4-5-18 regarding Contract Article XIII(b),(XXVIII(10)). Your grievance is denied.

Thank you,

A handwritten signature in black ink, appearing to read "Frank DiZenzo, Sr.", is written over the typed name.

Frank DiZenzo, Sr.
Clarkstown Highway Department

cc: Vince Toomey, Esq.